



Montana Immunization Information System (IIS) Authorization to Release Immunization Records Form



To obtain your immunization record, first check with your health care provider or your local county health department. If they are unable to provide you with your immunization history, or you are unable to access these organizations, you may complete this form.

MAIL TO: Montana DPHHS Immunization Program
Cogswell Building Room C-211, 1400 Broadway
Helena, MT 59620 – 2951

FAX TO: (406) 444-2920
EMAIL: hhsiz@mt.gov

Section I Patient Information

Patient Name: _____
Last First Middle

Other Name(s) Used (Maiden or previous married name): _____

Date of Birth: ____/____/____ ☐ Male ☐ Female

Address: _____
Street City State Zip Code

Section II Receiving Organization Information (Where to send the official immunization record)

Person or Organization to Receive Immunization Record: _____

Phone: (____) _____ Fax: (____) _____

Mailing Address: _____
Street City State Zip Code

Immunizations Should be Sent To the Listed: ☐ Fax ☐ Mailing Address **OR** ☐ I will pick up

Section III Requestor Information

Requestor Name: _____
Last First Middle

Phone Number: (____) _____ Relationship to the Patient: _____

Reason for Request: _____

Address: _____
Street City State Zip Code

I request and authorize the Montana Immunization Program to release this patient's official immunization record from Montana's Immunization Information System (IIS), *imMTrax*, to the person or agency above. I declare that the foregoing is true and correct, and that I am authorized to sign this release on the patient's behalf. I understand that the requested information will be faxed or mailed to the designated number or address listed above.

Signed On: ____/____/____

Signature of Patient (or Parent, Legal Guardian or Managing Conservator for a Child)

Section IV For Official Use Only

Date Searched/Released: ____/____/____ By: _____

☐ Records Released ☐ Record Not Found ☐ Record Found But No Immunizations Reported

Notice: Records requests expire 30 days after the date the requestor authorized and signed the release form. One authorization form per immunization records request. Future requests will require a new records release form.